

PTO/SB/21 (09-04)  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/780,558
Filing Date	02/19/2004
First Named Inventor	Hiroshi ONO
Art Unit	1731
Examiner Name	J. Fortuna
Attorney Docket Number	46356

### ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form      | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached              | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply           | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                          | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)            | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
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#### Remarks

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[X] Any additional excess claim fees under 37 C.F.R. § 1.16.

[X] Any additional patent application processing fees under 37 C.F.R. § 1.17.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)
Signature	
Printed name	Garrett V. Davis
Date	07/09/2007
Reg. No.	32,023

### CERTIFICATE OF TRANSMISSION/MAILING

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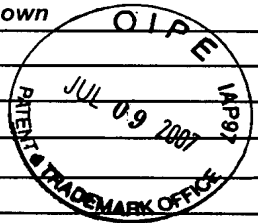
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/780,558</td> </tr> <tr> <td>Filing Date</td> <td>02/19/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Hiroshi ONO</td> </tr> <tr> <td>Examiner Name</td> <td>J. Fortuna</td> </tr> <tr> <td>Art Unit</td> <td>1731</td> </tr> <tr> <td>Attorney Docket No.</td> <td>46356</td> </tr> </table>		Application Number	10/780,558	Filing Date	02/19/2004	First Named Inventor	Hiroshi ONO	Examiner Name	J. Fortuna	Art Unit	1731	Attorney Docket No.	46356
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Art Unit	1731														
Attorney Docket No.	46356														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 70%;">1,020.00</td> </tr> </table>				TOTAL AMOUNT OF PAYMENT	(\$)	1,020.00									
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**METHOD OF PAYMENT** (check all that apply)

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 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 ☐ Charge fee(s) indicated below, except for the filing fee

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 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

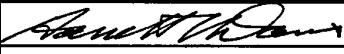
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): <u>Three-month extension of time</u>		
		1,020.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32,023	Telephone (202) 659-9076
Name (Print/Type)	Garrett V. Davis		Date 07/09/2007

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